

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/20/01
FORMALITY REVIEW	JP	1027	05/22/01
RESPONSE FORMALITY REVIEW	Request	925	11-14-01
RESPONSE	CE	1109	11-27-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/20/00
2	✓	✓	12/20/00
3	✓	✓	12/20/00
4	✓	✓	12/20/00
5	✓	✓	12/20/00
6	✓	✓	12/20/00
7	✓	✓	12/20/00
8	✓	✓	12/20/00
9	✓	✓	12/20/00
10	✓	✓	12/20/00
11	✓	✓	12/20/00
12	✓	✓	12/20/00
13	✓	✓	12/20/00
14	✓	✓	12/20/00
15	✓	✓	12/20/00
16	✓	✓	12/20/00
17	✓	✓	12/20/00
18	✓	✓	12/20/00
19	✓	✓	12/20/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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2/23/01  
 11/14/01  
 11/27-01